



OFFICE OF HUMAN RESOURCES

SUPPLEMENTAL COMPENSATION AGREEMENT (FACULTY)

I. Employee Information

Name of Employee:		Employee Title:	Primary Department Name:	Primary Annual Rate:
Primary FTE:	N-Number:	Position Number / Suffix:	Primary Account Number:	Length of Primary Appointment:

II. Payment Information for Supplemental Appointment

Total Payment Amount:		Payment FTE:	Account Number (Payment Source):	Department Responsible for Supplemental Activity:		
Activity Start Date:	Activity End Date:	Payment Method:	Pay-Period Start:	Pay-Period End:	Biweekly Amount:	Number of Payments*:

Special Instructions:

Payment FTE - FTE is determined by dividing the payment amount by the payee's gross salary for the specified time period (activity start/end date).

Activity Start & End Dates - Dates cannot cross over semesters. If entire activity crosses two semesters, two forms must be completed.

Payment Method - Lump sum payments will be paid after the activity end date; Biweekly payments will be distributed evenly throughout the activity period.

Pay-Period Start & End Dates - Refer to the OPS Payment Schedule for a listing of pay-periods.

*Complete for Biweekly payment method only.

Complete Section III OR Section IV

III. Instructional Activity - Assignment

Course Number(s):	Section Number(s):	Title(s):	Credit Hours:
Course Number(s):	Section Number(s):	Title(s):	Credit Hours:
If summer course, select term:			

IV. Non-Instructional Activity (describe activities to be performed for supplemental employment)

Please choose the appropriate activity-code:

V. Outside Activity

Is employee employed outside of the University of North Florida during the same time this Supplemental Compensation activity is being performed?

Yes* No

*If yes, please attach a copy of an approved Report of Outside Activity of Employment form.



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VI. Approvals

Note: This contract is not binding unless all signatures are affixed.

The FTE and rate of pay as indicated for the supplemental employment are agreeable. By signing below, I certify that the supplemental work to be performed are outside of my normal working hours in my primary employment and do not interfere with my primary employment.

Employee Signature

Date:

This employee has my approval to perform the additional duties indicated above for the secondary employer. These additional duties will not be performed during the employee's regular working hours with the primary employer, and will not involve a conflict of interest with the employee's regularly assigned duties with the primary employer.

Primary Employer (Employee's Supervisor)

Date:

Authorization for Supplemental Payment by Secondary Employer:

For C&G Funds, please approve below:

Principal Investigator Approved? Yes No Date: _____

Department Chair/Head Approved? Yes No Date: _____

Sponsored Research (for C&G funds) Approved? Yes No Date: _____

College Dean Approved? Yes No Date: _____

For work performed outside of Academic Affairs, please approve below:

Divisional Vice President or Designee Approved? Yes No Date: _____

Vice President Academic Affairs or Designee Approved? Yes No Date: _____